

**2010-2011 BASE AND MATCHING FUNDS APPLICATION FORM
HIGH-ABILITY LEARNERS**

School District Name		County/District Number
Street Address	City	Zip Code (5 Digits)
Phone #:	FAX #:	
Superintendent Name	E-Mail Address	
Contact Person, if other than the Superintendent	E-Mail Address	

This form **must** be accompanied by your current local High-Ability Learner Plan for 2010-2011 or statement of plan compliance.

PART 1—REQUEST FOR BASE AND MATCHING FUNDS

Base Amount—**This amount is an estimate** **\$2,588** (1)

Count of 2009-2010 identified students reported on
Final Count Form NDE 03-005 _____ (a) (2)

10% of 2009-2010 fall membership
reported to Nebraska Department of Education _____ (b)

The lesser count of line (a) or line (b) X \$66 \$ _____ (3)

TOTAL STATE FUNDS (1) + (3) \$ _____ (4)

Minimum amount of local dollars needed for matching funds
50% or more of (3). If your district exceeds this amount, please reflect that
in the Total Budget Funds. **A district must commit at least 50% of the state
match to qualify for Matching Funds [Rule 3, Section 007.01 (3)]** \$ _____ (5)

TOTAL BUDGET FUNDS \$ _____ (6)

PART II—PROPOSED BUDGET FOR FISCAL YEAR 2010-2011 FUNDS

Salaries for certified, endorsed, or licensed personnel
working with high-ability learners \$ _____ (7)

Staff Development/Training Activities \$ _____ (8)

Activities associated with high-ability learner education
(Includes conferences, distance learning fees, testing costs, etc.) \$ _____ (9)

Supplies, materials \$ _____ (10)

TOTAL PROPOSED BUDGET (This amount must equal Total Budget Funds) \$ _____ (11)

Signature	Date
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Return original to address listed at the top of the page. Keep a copy for your records.